2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000014997 Mar 22, 2000 8:00 am Secretary of State KID-FULL ART INTERNATIONAL, INC. 03-22-2000 90085 002 \*\*\*150.00 Principal Place of Business Mailing Address 2312 BARCELONA DR. 2312 BARCELONA DR. FORT LAUDERDALE FL 33301-1555 FORT LAUDERDALE FL 33301 [[[[[]]]]]] 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City<sup>1</sup>& State 4. FEI Number Applied For 65-0576314 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMERON, CARA E Street Address (P.O. Box Number is Not Acceptable) 3101 N FEDEREAL HWY STE 601 FORT LAUDERDALE FL 33306 City Zip Code F۱ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2F034 (9/99) Change Addition TITLE Delete TITLE BRAMMER-PAUL, D. GAYLE NAME NAME 2312 BARCELONA DRIVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MILE ☐ Delete TITLE NAME ...al: ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition l□ Oelete TITLE NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAYLEBRAMMER-Paul

0 325:2330 Daytime Phone \*